

APPLICATION FOR BUILDING & SPECIAL LOAD MOVE PERMIT

Fax: 810-966-2548 or Email: permits@stclaircounty.org

\$30.00 Per Move

Date of Proposed Move: _____

FOR OFFICE USE ONLY

Permit Number: _____ Effective Date: _____ Expiration Date: _____

As owner, I (we) hereby request permission to transport the following Building or Special Load on the roads under the jurisdiction of the Road Commission and attest that these loads do not exceed the maximum allowed as listed below.

OBJECT OR LOAD TO BE MOVED

OBJECT ESTIMATED WEIGHT

Describe

FROM (Include movement of empty vehicle if over legal limits)

TO (Locate by distance and direction to nearest town or intersection.)

VIA (Give Route Numbers and direction i.e., N. / S. / E. / W.)

OBJECT WIDTH	OBJECT HEIGHT	OBJECT LENGTH	VEHICLE WIDTH	VEHICLE GAUGE	OVERALL WIDTH	OVERALL HEIGHT	OVERALL LENGTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the proposed move utilizes State highways or City streets, permission must be obtained from the State or local authorities.

VEHICLE TO BE USED

(Check) Truck Truck-Tractor Semi-Trailer Trailer Pole Trailer Dollies Other

DATE OF MOVE	ENT	POWER UNIT LIC NO.	TRAILER LIC NO.
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AXLE NO. ->	WEIGHT • AXLE SPACING													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
* AXLE WEIGHT														
WIDTH IN INCHES														
*NO. OF TIRES														

FIRM NAME

ADDRESS/ CITY/ ZIP

PHONE #

Fax #

PRINT NAME (AUTHORIZED REPRESENTATIVE)

SIGNATURE

TITLE

DATE

Failure to follow the Special Provisions Governing the Movement of Buildings and Special Loads will void the Permit.

Recommended for Issuance By:

Approved By:

Title:

Date:

Title:

Date:

Permits Clerk

Supervisor